

Department of Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden, First Floor · Chicago, IL 60608 312-746-4200 · <u>BACPPV@CITYOFCHICAGO.ORG</u> · WWW.CITYOFCHICAGO.ORG/BACP

CHANGE OF EQUIPMENT FORM

PLEASE SUBMIT ORIGINAL DOCUMENTS OR, WHERE NOTED, LEGIBLE COPIES Fax copies are not acceptable

License #:	Type:			
	t	axi, livery, med	dicar, ambulanc	e, charter/sightseeing
Licensee Name (Co. Nam	e):			
Business Address:				
City, State, Zip Code:				
Telephone:				<u> </u>
Vehicle must mee	t the requirer	nents as	outlined i	n the City of Chicago
	Municipal co	odes 9-11	L2 and 4-6	58
Replacement Vehicle Info	ormation: Year:	Make	:	_ Model:
Vehicle Identification Nu	mber:			
Current Odometer Readi	ng:	_		
Has there ever been any	repair to the odor	neter?	(yes or	no)
If YES, you MUST submit	a certified odome	eter repair s	tatement wit	n receipt and submit an
Odometer Affidavit.				
Has the vehicle ever been	າ titled as a "Not <i>l</i>	Actual Milea	ge" vehicle i	n any jurisdiction?(yes
/ no)				
METER Information: M	ake	9	Serial #	
Safety Feature: Shield		Camera		Exempt \square
CAMERA Information:	Make		Serial #	
* •			_	edan □ Hybrid □ Long □ Other:

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1	_ Certificate of Title or Origin (originals only); include a lease agreement (if applicable)
	with a December 31 st expiration date
2	Bill of Sale (paid in full) or vehicle loan contract (originals only)
3	_ Vehicle History Report
4	_ Taxicab Safety Feature Compliance Form:
	a) For <u>Camera</u> – installation print-out must be attached.
	b) For Exempt - affidavits (sole owner & workers' compensation) must be attached.
5	_ Meter Replacement Form, if applicable (\$25.00 fee will apply)
6	_ Insurance Certificate (original only)
7	_ City Sticker and Receipt (copies only)
8	_ Financial Responsibility Affidavit
9	_ Vehicle Replacement Fee: \$50.00 Ambulance \$25.00 All Others
10	_ Medicars – Is the vehicle wheelchair accessible? Circle one: YES NO
11	_ All Licensees except taxicabs- Illinois Department of Transportation (IDOT) inspection:
	dated within the previous 6 months.
12	_ All Licensees – Enter Vehicle color:
	*Liveries only: Acceptable colors include: Black, Dark Blue all other colors must be
	approved by the commissioner.
13	Liveries /Charter/Sightseeing- Hard Card (additional requirements for stretch vehicles
	include: modification certification. Note: Vehicles in excess of 120" are not acceptable for
	livery licensing. Vehicle length in inches: Passenger Capacity:
14	Ambulances (additional requirements):
	a. State of Illinois / Dept. of Health- Vehicle inspection (most current / passed)
	b. City of Chicago / Dept. of Fire- Vehicle Radio Inspection (most current / passed)
Signature_	□ Owner □ Officer □ Lic. Mgr

1-21-010 False Statements. Any person who knowingly makes a false statement of material fact to the city may be subject to fines and penalties. **1-21-020 Aiding and Abetting.** Any person who aids, abets, incites, compels or coerces the doing of any act prohibited by this chapter shall be liable to the city for the same penalties for the violation. **1-21-030 Enforcement.** In addition to any other means authorized by law, the corporation counsel may enforce this chapter by instituting an action with the department of administrative hearings.

NOTE: YOU MUST PRESENT THE MEDALLION <u>AND</u> HARD CARD TO THE PUBLIC VEHICLE TESTING FACILITY ON THE ASSIGNED INSPECTION DATE & TIME.

Office Use Only Completed by: